

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

QUALITY AND PERFORMANCE COMMITTEE

Meeting Date: 21st September 2016

Title and Author of Paper: Medical Revalidation Report
 Dr Rajesh Nadkarni – Executive Medical Director & Responsible Officer
 Dr Eilish Gilvarry – Deputy Medical Director – Revalidation & Appraisal

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information & Sign Off

Key Points to Note:

The purposes of this Report are to:

- Update the Quality and Performance Committee on the situation with regard to Medical Revalidation in the Trust
- Highlight emerging issues and risks
- Request the authority to sign off the Statement of Compliance for the higher level Responsible Officer

The report highlights the processes in place to provide assurance of compliance with Medical Revalidation Regulations (The regulations are described in the paper)

Figures for 2015/16 show:

- 196 out of 232 doctors with a prescribed connection to NTW completed satisfactory appraisals
- 36 out of 232 doctors had an appropriate agreed reason for non-completion
- 38 out of 232 doctors were revalidated in 2015/16 and all received positive recommendations to the GMC

Risks Highlighted to Quality and Performance Committee : *None*

Does this affect any Board Assurance Framework/Corporate Risks?

Please state No
If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Agreement for Quality and Performance Committee to sign off Report and Statement of Compliance

Link to Policies and Strategies:

The relevant policies are: -

- Appraisal Policy and Medical Appraisal Practice Guidance NTW(C)33,V01
- Medical Job Plan Policy NTW(C)56,V01
- Private Practice Policy NTW(C)46,V01.1
- Medical re-skilling, rehabilitation, remediation and targeted support policy NTW(C)57,V01
- Handling Concerns about Doctors Policy NTW(HR)02

Medical Revalidation Report 2016

Executive summary

In 2015/16 there were 232 doctors with a prescribed connection to the Trust.

196 doctors had a completed appraisal in support of their revalidation and 36 had adequate reasons for incomplete appraisals such as sickness.

As part of the revalidation process 38 doctors had positive recommendations within this year. There were no instances of non-engagement.

The Trust figures for compliance with revalidation and appraisal compare favourably with other similar sectors i.e. other mental health trusts and showed better performance when compared with designated bodies in all sectors (see appendix F for comparisons)

A recent CQC inspection noted that Medical Revalidation rates were 100% for the trust as a whole.

The Responsible Officer (RO) within NTW is the Executive Medical Director.

The RO is also responsible for Appraisal and Revalidation for the doctors working at St Oswalds' Hospice. The Annual Report has recently been approved by their Board (Copy attached).

Purpose of the paper

The purposes of this report are to:-

- Update the Quality and Performance Committee on situation with regard to medical revalidation in the Trust.
- Highlight emerging issues and risks.
- Request the authority to sign off the Statement of Compliance for the higher level Responsible Officer.

Background

Medical Revalidation is the process by which licensed doctors will demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice and that they are complying with all the relevant professional standards

The purpose of revalidation is to ensure that licensed doctors remain up to date and are fit to practise. It is also to provide assurance of this to patients, the public, employers and other healthcare professionals. Revalidation also aims to improve the quality and safety of patient care, strengthen professional development and identify doctors who need support early.

Revalidation is achieved through satisfactory annual appraisal that is based upon the doctor collecting and reflecting upon specified data about their performance. (The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012')

Provider organisations are known as Designated Bodies and appoint a Responsible Officer who has duties which are set out in statute. The Responsible Officer (RO) has to have been a licensed medical practitioner for 5 years and is accountable to the Board. Every doctor has a prescribed connection to a specific designated body and RO.

The process of Revalidation is that the RO makes a recommendation to the GMC on the fitness to practice of every doctor for whom they are responsible once every five years. The RO makes the recommendation but it is the GMC that revalidates the doctor. If the RO does not feel that there is enough evidence to make a positive recommendation he or she can defer the recommendation until such information is available or give notice of non-engagement in the process. The RO also has responsibilities covering the clinical governance of the doctors.

Provider organisations have a statutory duty to support their RO in discharging duties under the Responsible Officer Regulations¹ and it is expected that trust boards will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations;
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors, responding to concerns and communicating with the GMC
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

This report will show how the above is achieved

Governance arrangements

Responsible Officer (RO)

The Trust RO is the Executive Medical Director (Medical Development) who is managed by the Chief Executive Officer and professionally accountable to the GMC and to the Level 2 Responsible Officer in NHS England. The RO meets quarterly with the GMC Employment Liaison Advisor (ELA) and minutes of this meeting are taken. The RO makes direct contact with the ELA about any issues of concern. The RO is supported by the Deputy Medical Director for Revalidation and Appraisal, with the imminent appointment of a Clinical Director for Appraisal. The RO/Deputy Medical Director and HR Revalidation Team attend the Regional Revalidation Network meetings.

Ensuring the list of doctors with a connection to NTW is accurate and up to date.

The GMC web-site (called GMC Connect) provides lists of doctors and their connections to designated bodies. The web site is regularly checked against staff lists held on the Electronic Staff Record by a member of the Trust Revalidation Team.

Compliance with regulations

- *Monitoring the frequency and quality of medical appraisals*

An electronic database SARD (Strengthened Appraisal and Revalidation Database) records appraisal information for all doctors with a prescribed connection to NTW and provides information regarding compliance with timing of appraisal.

The RO/Deputy Medical Director and Trust Revalidation Team review all completed appraisals to ensure they have the requisite information prior to recommendations to the GMC.

All appraisers in the Trust receive training in how to perform appraisal and how to judge the information provided against the standards set. All appraisers attend an update meeting to refresh their skills at least once per year.

- *Checking there are effective systems in place for monitoring the conduct and performance of their doctors*

All concerns about doctors are dealt with using the Handling Concerns about Doctor's Policy.

The Medical Education Development and Workforce Team will hold regular meetings with RO and senior HR representation to monitor progress with investigations to ensure compliance with the policy and that agreed actions are carried out in a timely fashion.

- *Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.*

Multi source feedback is produced by every doctor at least once in each 5 year revalidation cycle to inform their appraisal. Without this a recommendation cannot be made.

- *Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.*

Prior to employment a checklist is completed that ensure that the doctor has appropriate qualification, registration and a current appraisal or equivalent, and that any concerns raised about the doctor in previous employment are given to the RO.

Policy and guidance

The relevant policies are: -

- Appraisal Policy and Medical Appraisal Practice Guidance NTW(C)33,V01
- Medical Job Plan Policy NTW(C)56,V01
- Private Practice Policy NTW(C)46,V01.1
- Medical re-skilling, rehabilitation, remediation and targeted support policy NTW(C)57,V01
- Handling Concerns about Doctors Policy NTW(HR)02

1. Medical Appraisal

Appraisal and Revalidation Performance Data

- Number of doctors 232
- Number of completed appraisals 196
- Number of approved incomplete/missed appraisals 36
- Number of doctors in remediation or disciplinary processes 0

See appendices A and C

Appraisers

The Trust has 38 trained appraisers who are appointed through interview and receive specific training prior to starting as an appraiser. New appraiser training is provided whenever new appraisers start. Each appraiser is expected to have top-up training by attending at least one of the four Appraiser Support Group meetings per year. The Appraiser Support Group meetings provide an opportunity for appraisers to discuss current appraisal issues, calibrate their judgements, problem-solve and to share good practice.

In 2015/16 26 appraisers attended one or more support group meetings. For 2016/17 we will provide Support Groups in different localities to ensure a higher attendance and ensure those who did not attend this year can do so next year. This will be carefully monitored and actioned. A revised process of interview, support and monitoring of the appraisers is now being developed with the appointment of the Deputy Medical Director for Revalidation & Appraisal (August 16). This is to ensure greater support and assurance of quality of the appraisals.

Quality assurance

Outline of quality assurance processes:

For the appraisal portfolio:-

Prior to each doctor's revalidation date the RO, Deputy Medical Director and Revalidation Team comprehensively review all aspects of the doctor's appraisals over the previous years to provide assurance that all required inputs and outputs are of the required standard. A standard assurance template from the Appraisal Policy is used for this purpose. In addition, serious untoward incident and complaint data is cross-checked with Trust databases to ensure that the doctor has declared all relevant information at their appraisal.

For appraisers:-

Every appraiser is expected to attend at least one appraisal support group meeting per year. The meeting includes appraisal calibration exercises. An attendance register is kept of these meetings.

Every doctor is asked to complete a feedback form after their appraisal. These are collated for each appraiser and the appraisers are expected to reflect on this feedback in their own appraisal. This process along with other information will be reviewed in 2016 with further feedback to appraisers on quality and timeliness.

For the organisation:-

During the year 22 appraisals were reviewed to measure compliance with appraisal input and output standards. All met the appropriate standards. Areas for improvement were noted and fed back to individuals and used to inform the agenda for the appraiser support groups.

The electronic database SARD produces information regarding timelines and timeliness of appraisals inputs and outputs

See appendix B

Access, security and confidentiality

Appraisal information is stored securely on the database SARD on the Trust servers. The only people that have access to all this information are the RO, Deputy Medical Director, Group Medical Directors, the Revalidation Team and their nominated

administrative support staff. Appraisers have access to the doctor's appraisals whom they appraise.

Doctors and appraisers are warned not to include patient identifiable information in appraisal folders. No such information was found in any of the 22 appraisals that were reviewed last year.

Clinical Governance

All serious untoward incident (SUI) and complaint data held by the Trust Safety Team that names an individual doctor and all clinical activity data that is held on RiO is made available to the doctor through the doctor's individual Dashboard

2. Revalidation recommendations

Revalidation dates are set by the GMC. The RO has a period of 120 days prior to the doctor's revalidation date in which to make their recommendation to the GMC. There are only three possible recommendations: that the doctor is up to date and fit to practice (a positive recommendation), a request to defer the date of the recommendation (deferral request) a notification of the doctor's non-engagement with revalidation (non-engagement notification).

In order to make a positive recommendation, the RO must be satisfied that the doctor has met the GMC's requirements for revalidation, they have participated in systems and processes to support revalidation and they have collected the required supporting information for revalidation. The RO must also be able to confirm that there are no unaddressed concerns about the doctor's fitness to practice.

A deferral request is a request made by the RO to ask the GMC to provide more time in which to submit a recommendation. Deferral requests can be made for doctors who are engaged in the systems and processes that support revalidation, but their required supporting information is incomplete, for example, because of prolonged sickness or other absence from work. A deferral request can also be made in connection with a doctor who is involved in an ongoing human resource or disciplinary process, the outcome of which will need to be considered in making the revalidation recommendation.

A doctor is not engaging in revalidation where, in the absence of reasonable circumstances, they are not participating in local processes and systems that support revalidation or do not participate in the formal revalidation process. It is a matter for the RO's judgement to determine what a "reasonable circumstance" may be and whether therefore to issue a notification of non-engagement.

In the last year, all revalidation recommendations were made on time and within the 120-day window prior to the doctor's revalidation date. There was no non-engagement from medical staff with the revalidation process.

3. Recruitment and engagement background checks

The Medical Education, Development and Workforce Team collect information prior to employment of all doctors. For the unusual case where a doctor does not have previous appraisal information (for example doctors from Egypt do not have an appraisal system) other information is taken into account to make a decision about employment and appraisal organised soon after the doctor starts working

See appendix E

4. Monitoring performance

The performance of doctors is monitored by medical managers through the Medical Dashboard, which displays the performance data held on each doctor. This data consists of attendance information, compliance with essential training requirements, SUI and complaint data and clinical activity data.

5. Responding to concerns and remediation

The Trust's response to concerns about the performance of doctors is governed by the Handling Concerns about Doctors Policy NTW.

See appendix D

6. Risk and issues

Revalidation standards are at the highest level and are identified through compliance and quality assurance. A specific issue with regards to job planning was highlighted through internal audit, much work has been ongoing over the last 2 years to improve compliance and greater standards. A new audit is planned for the end of 2016.

7. Recommendation

The Quality and Performance Committee is asked:-

To accept this Report and approve the sign-off of the Statement of Compliance confirming to the Higher Level RO that the Trust, as a Designated Body, is in compliance with the regulations as outlined below:

Provider organisations have a statutory duty to support their RO in discharging duties under the Responsible Officer Regulations and it is expected that trust boards will oversee compliance by:-

- ***Monitoring the frequency and quality of medical appraisals in their organisations***
- ***Checking there are effective systems in place for monitoring the conduct and performance of their doctors, responding to concerns and communicating with the GMC***

- ***Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors***
- ***Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.***

Additional documents attached:-

Appendix F NHS England Comparator document with similar sector and national organisations appertaining to revalidation.

Appendix G Statement of compliance for the 2015/16 revalidation period

**Dr Rajesh Nadkarni
Executive Medical Director (RO)
September 2016**

Annual Report Template Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	Number
Maternity leave during the majority of the 'appraisal due window'	1
Sickness absence during the majority of the 'appraisal due window'	5
Prolonged leave during the majority of the 'appraisal due window' (Career Break)	3
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	15
Appraisal outputs not signed off by doctor within 28 days	29
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
Appraiser factors	Number
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	17
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
Organisational factors	Number
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Annual Report Template Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals and ARCPS		Number 196
	Number of appraisal portfolios sampled (to demonstrate adequate sample size) 10% required Approx. 15% reviewed	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	22	22
Scope of work: Has a full scope of practice been described?	22	22
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	22	22
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	22	22
Patient feedback exercise: Has a patient feedback exercise been completed?	22	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	22	22
Review of complaints: Have all complaints been included?	22	22
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	22	22
Is there sufficient supporting information from all the doctor's roles and places of work?	22	22
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	22	22
Appraisal Outputs	22	22
Appraisal Summary	22	22
Appraiser Statements	22	22
Personal Development Plan (PDP)	22	22

Annual Report Template Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2014 to 31 March 2015	
Recommendations completed on time (within the GMC recommendation window)	38
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	38
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	n/a
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	0
Describe other	0
TOTAL [sum of (late) + (missed)]	0

Annual Report Template Appendix D

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level ²	Medium level ²	Low level ²	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern				9
Capability concerns (as the primary category) in the last 12 months			1	1
Conduct concerns (as the primary category) in the last 12 months			7	7
Health concerns (as the primary category) in the last 12 months			1	1
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2016 who have undergone formal remediation between 1 April 2015 and 31 March 2016 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical				0

² http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.) All Designated Bodies	
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All Designated Bodies	0
TOTALS	0
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	
Number of NCAS assessments performed	0

Annual Report Template Appendix E

Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																
Permanent employed doctors															20	
Temporary employed doctors															14	
Locums brought in to the designated body through a locum agency															55	
Locums brought in to the designated body through 'Staff Bank' arrangements															0	
Doctors on Performers Lists															0	
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc															0	
TOTAL															89	
For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)																
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS	Disclosure and Barring Service	2 recent references	Name of last responsible officer	Reference from last responsible	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance
Permanent employed doctors	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Temporary employed doctors	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Locums brought in to the designated body through a locum agency	55	55	55	55	55	55	55	55	55	55	55	55	0	0	55	55

Locums brought in to the designated body through 'Staff Bank' arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Doctors on Performers Lists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (independent contractors, practising privileges, members, registrants, etc)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	89	89	89	89	89	89	89	89	89	89	89	89	34	34	89	89



For Providers of healthcare i.e. hospital trusts – use of locum doctors:
 Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)
 The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery	0	0	0	0	0
Medicine	0	0	0	0	0
Psychiatry	55	33	7	15	55
Obstetrics/Gynaecology	0	0	0	0	0
Accident and Emergency	0	0	0	0	0
Anaesthetics	0	0	0	0	0

Radiology	0	0	0	0	0
Pathology	0	0	0	0	0
Other	0	0	0	0	0
Total in designated body (This includes all doctors not just those with a prescribed connection)	55	33	7	15	55
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	1	1	1		0
3 days to one week	10	10	10		0
1 week to 1 month	7	7	7		0
1-3 months	8	8	8		0
3-6 months	10	10	10		1
6-12 months	3	3	3		0
More than 12 months	16	16	16		0
Total	55	55	55		1

Exit reports are sent to the appropriate Line Manager following the end of a placement. we are currently devising a system to collect the outputs of these reports in a more systematic way

Annex E – Statement of Compliance

Designated Body Statement of Compliance

The Board of Northumberland, Tyne & Wear NHS Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments: Yes

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Comments: Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: Yes

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Comments: Yes

5. All licensed medical practitioners³ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments: Yes

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Comments: Yes

³ Doctors with a prescribed connection to the designated body on the date of reporting.

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments: Yes

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: Yes

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners⁴ have qualifications and experience appropriate to the work performed; and

Comments: Yes

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: Yes

Signed on behalf of the designated body

Name: _____ Signed: _____

[Chief Executive or Chairman a Board Member (or Executive if no board exists)]

Date: _____

⁴ Doctors with a prescribed connection to the designated body on the date of reporting.

Annual Report Template Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	Number 6
Maternity leave during the majority of the 'appraisal due window'	0
Sickness absence during the majority of the 'appraisal due window'	0
Prolonged leave during the majority of the 'appraisal due window' (Career Break)	0
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	2
Appraisal outputs not signed off by doctor within 28 days	1
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
Appraiser factors	Number
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	1
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
Organisational factors	Number
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Annual Report Template Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals and ARCPS (made up of 6 for St Oswald's Hospice)		Number 196
Northumberland, Tyne & Wear NHS Foundation Trust provide the systems and processes for St Oswald's Hospice and as part of the process 10% of appraisals submitted overall will be anonymised and reviewed for quality and development purposes by trained appraisers during the 2015/16 period. Of the random selection 1 was chosen from St Oswald's Hospice appraisal submissions review.	Number of appraisal portfolios sampled (to demonstrate adequate sample size) 10% required Approx. 15% reviewed	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	1	1
Scope of work: Has a full scope of practice been described?	1	1
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	1	1
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	1	1
Patient feedback exercise: Has a patient feedback exercise been completed?	1	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	1	1
Review of complaints: Have all complaints been included?	1	1
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	1	1
Is there sufficient supporting information from all the doctor's roles and places of work?	1	1
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	1	1
Appraisal Outputs		
Appraisal Summary	1	1
Appraiser Statements	1	1
Personal Development Plan (PDP)	1	1

Annual Report Template Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2015 to 31 March 2016	
Recommendations completed on time (within the GMC recommendation window)	2
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	2
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	n/a
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	0
Describe other	0
TOTAL [sum of (late) + (missed)]	0

Annual Report Template Appendix D

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level ⁵	Medium level ²	Low level ²	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern				0
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months				0
Health concerns (as the primary category) in the last 12 months				0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2015 who have undergone formal remediation between 1 April 2014 and 31 March 2015 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical				0

⁵ http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.) All Designated Bodies	
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All Designated Bodies	0
TOTALS	0
Other Actions/Interventions	0
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: (excluded from clinical duties, then sick leave) Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months (excluded from clinical duties, then sick leave as above) 6 - 12 months	
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	0
Were referred by the designated body to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	0
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	0
Number of NCAS assessments performed	0

Annual Report Template Appendix E

Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																	
Permanent employed doctors																	1
Temporary employed doctors																	1
Locums brought in to the designated body through a locum agency																	0
Locums brought in to the designated body through 'Staff Bank' arrangements																	3
Doctors on Performers Lists																	0
Other																	0
Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc																	
TOTAL																	5
For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)																	
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS	Disclosure and Barring Service	2 recent references	Name of last responsible officer	Reference from last responsible	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance	
Permanent employed doctors	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Temporary employed doctors	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Locums brought in to the designated body through a locum agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Locums brought in to the designated body through 'Staff Bank' arrangements	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Doctors on Performers Lists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (independent contractors, practising privileges, members, registrants, etc)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5



For Providers of healthcare i.e. hospital trusts – use of locum doctors:
 Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)
 The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery	0	0	0	0	0
Medicine	0	0	0	0	0
Psychiatry	0	0	0	0	0
Obstetrics/Gynaecology	0	0	0	0	0
Accident and Emergency	0	0	0	0	0
Anaesthetics	0	0	0	0	0

Radiology	0	0	0	0	0
Pathology	0	0	0	0	0
Other	3	0	3	0	3
Total in designated body (This includes all doctors not just those with a prescribed connection)	3	0	3	0	3
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	2	2	2		0
3 days to one week	1	1	1		0
1 week to 1 month	0	0	0		0
1-3 months	0	0	0		0
3-6 months	0	0	0		0
6-12 months	0	0	0		0
More than 12 months	0	0	0		0
Total	3	3	3		0